

Business/Organization Name

YOUTH CAN EARN AND LEARN WITH PATHWAYS TO CAREERS

Please use this form to describe your available openings. Use a separate Work Experience Participant Request Form for each position title. The Pacific Gateway Workforce Investment Network will work with you to find the best candidate(s) to meet your request.

Business/Organization Information (please print or type)

Description of Business/Organization							
Please select ONE of the following categories: ☐ Non-Profit ☐ For-Profit ☐ Government Agency							
Complete Address							
City			State	Zip Code			
Contact Name and Title							
Telephone #				Fax #			
E-Mail				Website			
Alternate Contact Name ar	nd Title						
Alternate Contact E-mail	ail (Contact Pho	ne #		
Work Experience Position Information							
Position Title							
Address of worksite							
(if different than above)							
Description of Position Duties							
How many openings are available for the above Work Experience position?							
Please list the available hours youth may work each day (example: M 9:00AM – 5:00PM):							
M T WTH F S S							
Skills/Qualities required of the participants before they are considered for placement with your business/organization:							
All applicants will be required to participate in an interview for selection into the program. Would you be interested in participating in this process? Yes No							
		001				100	







For further information or to submit your Request Form, contact Kristen Major at: 562.570.4733, kristen_major@longbeach.gov or 562.570.4744 Fax. Please submit Request Forms by December 1, 2008.